

**COMMONWEALTH OF VIRGINIA ASSOCIATION OF  
PROFESSIONAL PROCESS SERVERS**

Application for Associate Membership

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Your name: \_\_\_\_\_  
Firm name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

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Please complete the following:

I have been affiliated with the profession of process serving for \_\_\_\_\_ years / \_\_\_\_\_ months.  
Have you ever been convicted of a felony? \_\_\_\_\_. (If yes, please attach a separate sheet with details)  
See CoVAPPS Bylaws, Art III, Section 4.

What counties or cities do you primary serve? \_\_\_\_\_  
\_\_\_\_\_

Attach payment of \$35.00 whereby \$25.00 will be for your annual dues and \$10.00 non-refundable application fee.  
Annual dues will be refunded if the application is not approved by the Board. THIS FEE MUST BE ENCLOSED WITH  
THE APPLICATION FOR CONSIDERATION OF MEMBERSHIP.

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**CERTIFICATION**

I hereby authorize the Commonwealth of Virginia Association of Professional Process Servers (CoVAPPS) to verify the statements made on this application to determine my qualifications for membership. I understand that membership, if granted, will be in my name and not in the name of my associated firm. I further understand that my membership cannot be transferred to another individual.

I agree to abide by the CoVAPPS Bylaws and Code of Ethics and all amendments thereto. I agree to submit to binding arbitration in all disputes with CoVAPPS members involving fees, work performance, and professional conduct in accordance with the procedures set forth in CoVAPPS Bylaws and Code of Ethics.

I declare that the statements made in this application are true and correct.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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| MAIL THE COMPLETED APPLICATION WITH YOUR CHECK TO:<br>CoVAPPS, ATTN. STAN HESTER, 4 NORMAN DRIVE, NORTH WING, POQUOSON, VA 23662 |
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**FOR COVAPPS USE ONLY**

Board Action:

ACCETPED \_\_\_\_\_

DENIED \_\_\_\_\_

Action date: \_\_\_\_\_